Revision: HCFA-PM-91-4

August 1991

(BPD)

ATTACHMENT 2.2-A Page 1

OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	Main	e e	 	UF	Fic	
GROUPS		AND AGENCIES					, all

Agency* Citation(s)

Groups Covered

The following groups are covered under this plan.

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups

42 CFR 435.110

1. Recipients of AFDC

The approved State AFDC plan includes:



Families with an unemployed parent for the mandatory 6-month period and an optiona! extension of ____months. Unlimited

/X7 Pregnant women with no other eligible children.

/X/ AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

42 CFR 435.115

- 2. Deemed Recipients of AFDC
 - a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

*Agency that determines eligibility for coverage

TN No. 9/-14/5 Supersedes TN No. 89-06/5

Approval Date MAR 2 6 1992 Effective Date OCT 0 1 1991

Revision: HCFA-PM-91-4

August 1991

(BPD)

ATTACHMENT 2.2-A Page 2

	State:	Maine	OMB NO.: 0938-
Agency*	Citation(s)	Groups Covered	

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
 - 2. Deemed Recipients of AFDC.

1902(a)(10)(A)(i)(l)
of the Act

b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.

402(a)(22)(A)
of the Act

c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.

406(h) and 1902(a)(10)(A) (i)(l) of the Act d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

1902(a) of the Act e. Individuals deemed to be receiving AFDC who who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

TN No. 97-14
Supersedes Approval Date MAR 2 6 1992 Effective Date OCT 0 1 1991
TN No. 90-19

HCFA ID: 7983E

^{*}Agency that determines eligibility for coverage

R≅vision: HCFA-PM-91-4 August 1991

(BPD)

ATTACHMENT 2.2-A

Page 2a

OMB NO.: 0938-

State: Maine

Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

417(b), 1902 $(\tilde{z})(10)(A)(i)(V)$ and 1905(m)(1) of the Act

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is

unemployed.

Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

1:02(a)(52) and 1925 of the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

ncy that determines eligibility for coverage.

Approval Date MAR 2 6 1992 J. No. 91-14 Effective Date OCT 0 1 1991

Stersedes TR No. 87-10 Revision: HCFA-PM-91-4 August 1991 (BPD)

ATTACHMENT 2.2-A

Page 3 OMB NO.: 0938-

	State:	Maine			
Agency*	Citation(s)	Groups Covered	0F	Secretary and se	

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.113

- 5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
 - a. Families denied AFDC solely because of income and resources deemed to be available from--
 - Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
 - (2) Grandparents;
 - (3) Legal guardians; and
 - (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);
 - b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
 - c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

*Agency that determines eligibility for coverage

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A August 1991 Page 3a OMB NO.: 0938-Maine State:___ Agency* Citation(s) Groups Covered A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 42 CFR 435.114 6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972. Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan). Includes persons who would have been eligible _X_ for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). Not applicable with respect to intermediate care facilities; State did or does not cover this service. 7. Qualified Pregnant Women and Children. 1902(a)(10) (A)(i)(III) and 1905(n) of a. A pregnant woman whose pregnancy has been

ncy that determines eligibility for coverage.

the Act

I. No. 9/-14	Approval Date	MAR 2 6 1992	Effective Date	OCT 0 1 1991
Supersedes TN No.				

medically verified who--

with her:

Would be eligible for an AFDC cash payment if the child had been born and was living

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Maine OFFICE
COVERAGE AND CONDITIONS OF ELIGIBILITY UI IUI
Citation(s) Groups Covered
A. Mandatory Coverage - Categorically Need and Other Required Special Groups (Continued)
7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State has an AFDC-unemployed parents program; or
(3) Would be eligible for an AFDC case payment on the basis of the income and resource requirements of the State's approved AFDC plan.
1902(a)(10)(A) b. Children born after September 30, 1983 who (i)(III) and 1905(n) are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
X Children born after 4/30/74
(specify optional earlier date) who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
*Agency that determines eligibility for coverage.
TN No. 92-11
Supersedes 91-14 Approval Date Effective Date 5/1/93 TN No.

HCFA ID: 7983E

Revision:

HCFA-PM-91-4

(BPD)

ATTACHMENT 2.2-A

Page 4a

OMB No.: 0938-

August 1991

State:

Maine

Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A) (i)(IV) and 1902(1)(1)(A) and (B) of the Act

- 8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(1) (1)(A) and (B) of the Act. The income level for this group is specified in <u>Supplement 1</u> to ATTACHMENT 2.6-A.
- /X/ The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

1902(a)(10)(A) (i)(VI) and 1902(1)(1)(C) of the Act

9. Children who have attained 1 year of age but have not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels, who are described in Sections 1902(a)(10)(A)(i)(VI) and 1902(1)(1)(C) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.

many that determines eligibility for coverage.

In No. <u>9/-14</u>	Approval Date	MAR 2 6 1992	Effective Date	OCT 0 1 1991
Supersedes				

Fevision: HCFA-PM-91-4 August 1991

(BPD)

ATTACHMENT 2.2-A

Page 5

OMB NO.: 0938-

Maine State:___

Lgency* Citation(s)

Groups Covered

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
- 1902(e)(5) of the Act
- A woman who, while pregnant, was eligible for, 10. applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all
- pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.
- 1902(e)(4) of the Act
- A child born to a woman who is eligible for and 11. receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible and the child remains in the same household as the mother.
- 1902(a)(10)(A) (i)(VII)
- Children born after September 30, 1983, who have 12. attained 6 years of age but have not attained 19 years of age.

acy that determines eligibility for coverage.

Approval Date MAR 2 6 1992 The No. 91-14 Effective Date OCT 01 1991

Supersedes Ti No. _87-06 Revision: HCFA-PM-91-4 August 1991

(BPD)

ATTACHMENT 2.2-A

Ρ	age	6

3		
OMB	NO.:	0938-

State: Maine

Agency* Citation(s) Groups Covered

Mandatory Coverage - Categorically Needy and Other Α. Required Special Groups (Continued)

42 CFR 435.120

- 13. Aged, Blind and Disabled Individuals Receiving Cash Assistance
 - /X7 a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

X Aged

X Blind

X Disabled

*Agency that determines eligibility for coverage

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 435.121 13. /7 b. Individuals who meet more restrictive requirements for Medicald than the SS requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicald in the mont before the month they qualified for Sunder section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicald eligibility for these individuals continues as long a they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of th Act.) Aged Blind Disabled The more restrictive categorical eligibility criteria are described below: (Financial criteria are described in ATTACHMENT 2.6-A).	Revision:	HCFA-PM-91-4 Augus† 1991	(BPD)	ATTACHMENT 2.2-A Page 6a
A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 435.121 13. /7 b. Individuals who meet more restrictive requirements for Medicald than the SS requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicald in the mont before the month they qualified for Sunder section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicald eligibility for these individuals continues as long a they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of th Act.) Aged Blind Disabled The more restrictive categorical eligibility criteria are described below: (Financial criteria are described in ATTACHMENT 2.6-A). *Agency that determines eligibility for coverage		State:	Maine	OMB NO.: 0938-
Required Special Groups (Continued) 435.121 13. /7 b. Individuals who meet more restrictive requirements for Medicald than the SS requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicald in the mont before the month they qualified for S under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicald eligibility of these individuals continues as long a they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of th Act.) Aged Blind Disabled The more restrictive categorical eligibility criteria are described below: (Financial criteria are described in ATTACHMENT 2.6-A). *Agency that determines eligibility for coverage	Agency*	Citation(s)		Groups Covered
requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicald in the month before the month they qualified for Sunder section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicald eligibility for these individuals continues as long a they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of th Act.) Aged Blind Disabled The more restrictive categorical eligibility criteria are described below: (Financial criteria are described in ATTACHMENT 2.6-A). *Agency that determines eligibility for coverage		Α.		
Biind Disabled The more restrictive categorical eligibility criteria are described below: (Financial criteria are described in ATTACHMENT 2.6-A). *Agency that determines eligibility for coverage	1619(b)(1)		13. <u>/</u> 7 b.	requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SS under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the
eligibility criteria are described below: (Financial criteria are described in ATTACHMENT 2.6-A). *Agency that determines eligibility for coverage				Blind
*Agency that determines eligibility for coverage				eligibility criteria are described
*Agency that determines eligibility for coverage				
				al criteria are described in ATTACHMENT
TN No9/-/4 MAR 2 6 1992	*Agency t	hat determines	eligibility fo	r coverage
TN No9/-/4 MAR 2 6 1992				
TN No. 9/-/4 MAR 2 6 1992				
	TN No.	9/-14		MAR 2 6 1992 Effective Date OCT 0 1 1931